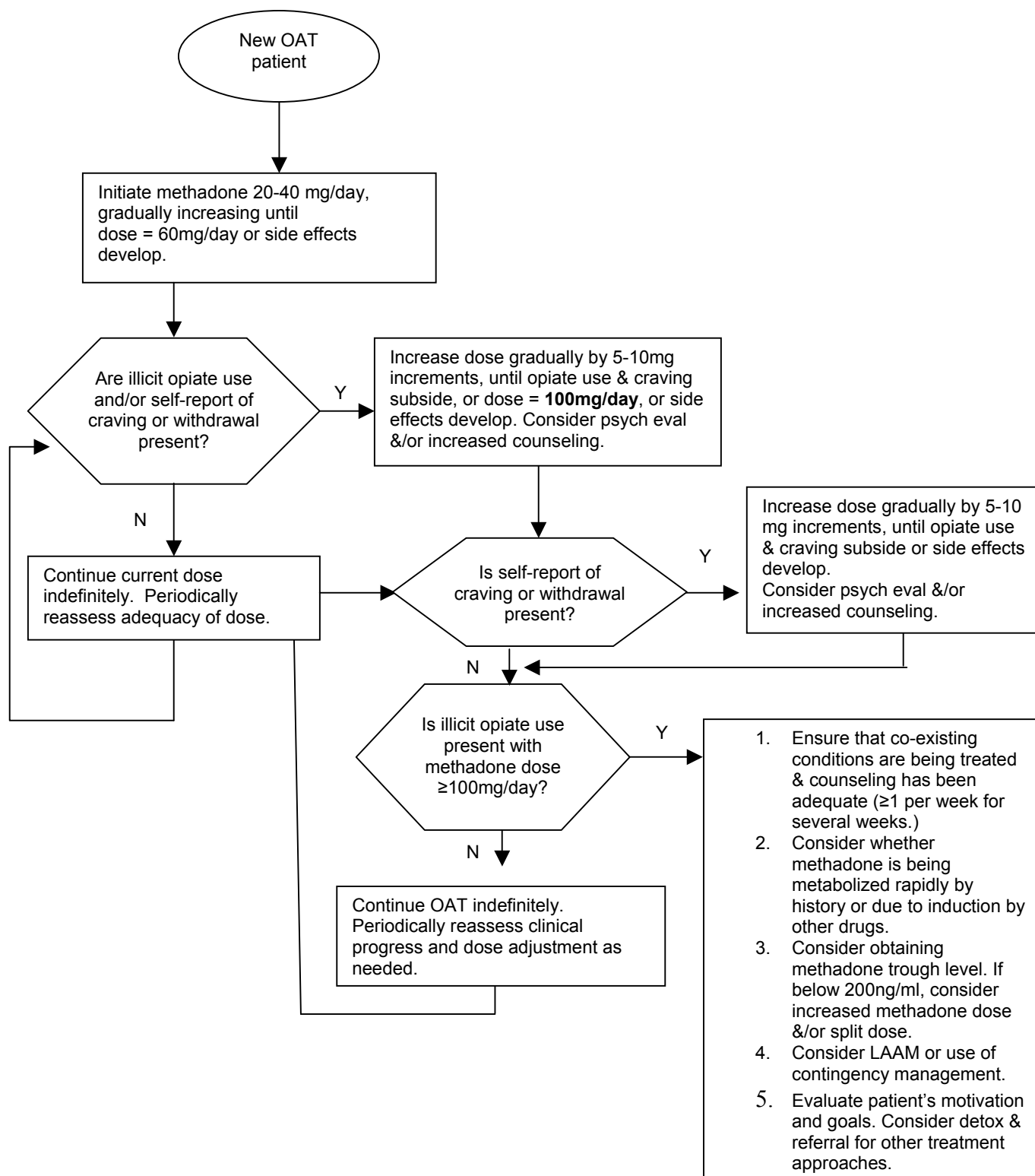


Chapter 6

Materials and Forms

Dose Adjustment in Opioid Agonist



Instructions for use of the Dose Review Form

The Dose Review forms can be used as part of baseline data collection to assist in determining the extent to which the clinic is meeting best-practice dosing recommendations. Dose Reviews can be repeated at specified intervals to document continued compliance with dosing recommendations (e.g., yearly) or to monitor progress toward increasing clinic performance on dosing recommendations (e.g., quarterly).

- 1) Counselors complete the Dose Review form for each client that is on a dose of less than 60mgs of methadone or methadone equivalent per day.
- 2) Dose Review forms are reviewed in team meeting
- 3) Dose Review forms with an **ACTION** item checked should be retained by team coordinator for follow up in one month to ensure that appropriate action has been taken.

Dose Review Form
(for patients on doses less than 60mg/day of methadone or equivalent)

Patient ID:

Current Dose (mg/day):

Reason for Current Dose:

1. ☐ Patient refuses dose increase despite continued use of illicit opiates.
 - a. ☐ **ACTION for patients concerned about risks of higher doses:**
 - 1) Counsel regarding risks/benefits of increased dose compared to continued illicit opiate use.
 - 2) Refer for a consultation with the medical director.
 - b. ☐ **ACTION for patients intentionally keeping dose low so he/she can continue to feel the effects of using heroin (i.e., “chip” or “shoot over their dose”):** Patient may need to be asked to choose between following clinic recommendations and leaving the program.
2. ☐ Patient is abstinent from illicit opiates.
☐ **ACTION:** Monitor patient urine screen results for a minimum of six months to document stability.
3. ☐ Patient is currently on a voluntary taper from methadone/LAMM
 - a. ☐ **ACTION for patients using illicit opiates:** Counsel patient regarding the need to cease taper and return to a blocking dose.
 - b. ☐ **ACTION for patients abstinent from illicit opiates:** Monitor patient urine screens closely during taper. If illicit opiate use reoccurs, counsel patient regarding the need to cease taper and return to a blocking dose.
4. ☐ Patient is currently on an administrative taper from methadone/LAMM.
5. ☐ Patient cannot be on higher dose due to side effects or other medical concerns.
6. ☐ This is a new patient whose dose is still being titrated.
7. ☐ **NONE:** Patient does not fall into any of the above categories.
☐ **ACTION: Dose increase** followed by monitoring of illicit opiate use, reports of cravings/withdrawal symptoms, and side effects (see dosing algorithm).

*LAAM-Methadone Conversion Chart**

To convert LAAM dosage to methadone, use your *usual stable dose* of LAAM and divide by 1.2.

Example: Patient 1's dosing schedule is 90mg on Monday, 90mg on Wednesday, and 108mg on Friday. On Sunday, Patient 1 also receives a 27mg of methadone take-home dose. Patient 1's *usual stable dose* is 90mg. $90 \div 1.2 = 75$ mg of methadone. Patient 2's dosing schedule is 50mg on Monday, 50mg on Wednesday, and 65mg on Friday. The *usual stable dose* is 50mg. $50 \div 1.2 = 42$ mg of methadone.

Usual Stable Dose of LAAM (mg)	Methadone Equivalent (mg)
140	117
135	113
130	108
125	104
120	100
115	96
110	92
105	88
100	83
95	79
90	75
85	71
80	67
75	63
70	58
65	54
60	50
55	46
50	42

*Conversion chart was designed by OpiATE Initiative staff; refer to manufacturer's guidelines to determine actual patient dosage.

Abstinence Orientation Scale

Used with permission of J.R.M. Capelhorn

Please indicate your level of agreement with each of the following statements, using the scale provided. Please select only one answer for each statement.

1. Methadone maintenance patients who continue to use illicit opiates should have their doses of methadone reduced.

☐ Strongly Disagree ☐ Disagree ☐ Uncertain ☐ Agree ☐ Strongly Agree

2. Maintenance patients who ignore repeated warnings to stop using illicit opiates should be gradually withdrawn off methadone.

☐ Strongly Disagree ☐ Disagree ☐ Uncertain ☐ Agree ☐ Strongly Agree

3. No limits should be set on the duration of methadone maintenance.

☐ Strongly Disagree ☐ Disagree ☐ Uncertain ☐ Agree ☐ Strongly Agree

4. Methadone should be gradually withdrawn once a maintenance patient has ceased using illicit opiates.

☐ Strongly Disagree ☐ Disagree ☐ Uncertain ☐ Agree ☐ Strongly Agree

5. Methadone services should be expanded so that all narcotic addicts who want methadone maintenance can receive it.

☐ Strongly Disagree ☐ Disagree ☐ Uncertain ☐ Agree ☐ Strongly Agree

6. Methadone maintenance patients who continue to abuse non-opioid drugs (e.g., benzodiazepines) should have their dose of methadone reduced.

☐ Strongly Disagree ☐ Disagree ☐ Uncertain ☐ Agree ☐ Strongly Agree

7. Abstinence from all opioids (including methadone) should be the principal goal of methadone maintenance.

☐ Strongly Disagree ☐ Disagree ☐ Uncertain ☐ Agree ☐ Strongly Agree

8. Left to themselves, most methadone patients would stay on methadone for life.

☐ Strongly Disagree ☐ Disagree ☐ Uncertain ☐ Agree ☐ Strongly Agree

9. Maintenance patients should only be given enough methadone to prevent the onset of withdrawals.

☐ Strongly Disagree ☐ Disagree ☐ Uncertain ☐ Agree ☐ Strongly Agree

10. It is unethical to maintain addicts on methadone indefinitely.

☐ Strongly Disagree ☐ Disagree ☐ Uncertain ☐ Agree ☐ Strongly Agree

11. The clinician's principal role is to prepare methadone maintenance patients for drug-free living.

☐ Strongly Disagree ☐ Disagree ☐ Uncertain ☐ Agree ☐ Strongly Agree

12. It is unethical to deny a narcotic addict methadone maintenance.

☐ Strongly Disagree ☐ Disagree ☐ Uncertain ☐ Agree ☐ Strongly Agree

13. Confrontation is necessary in the treatment of drug addicts.

☐ Strongly Disagree ☐ Disagree ☐ Uncertain ☐ Agree ☐ Strongly Agree

14. The clinician should encourage patients to remain in methadone maintenance for at least three to four years.

☐ Strongly Disagree ☐ Disagree ☐ Uncertain ☐ Agree ☐ Strongly Agree

Thank you for your help

Contingency Management Staff Worksheet

1. Maximum number of take-home doses allowed by this clinic:

- | | |
|----------------------------------|----------------------------------|
| <input type="checkbox"/> 1/week | <input type="checkbox"/> 2/week |
| <input type="checkbox"/> 3/week | <input type="checkbox"/> 4/week |
| <input type="checkbox"/> 5/week | <input type="checkbox"/> 6/week |
| <input type="checkbox"/> 13 days | <input type="checkbox"/> 27 days |

2. Frequency of urine testing at this clinic:

- ☐ More than 1/week
☐ 1/week
☐ 1/month
☐ Less than 1/month

If your clinic tests less than 1/week, are there any strategies you could implement to increase testing (e.g., on-site test cups)?

Once per week is recommended, once per month is feasible, less than once a month is not recommended.

3. How quickly are urine screen results available to clinic staff?

- ☐ Immediately ☐ After 1 day ☐ 2 Days ☐ 3 Days ☐ 4 Days
☐ 5 Days ☐ 6 Days ☐ One week ☐ Longer than one week

4. Patients' take-home schedules will be reevaluated:

- ☐ Every week ☐ Every month

Please indicate the length of time patient must attend the clinic, what goal is targeted, and how the attainment would be demonstrated for each take-home dose. *If clinic is closed one day each week, please check "clinic closed" at dose number one.*

DOSE #	WHEN ELIGIBLE	GOAL:	HOW DEMONSTRATED: (please describe)
DOSE 1	<input type="checkbox"/> Clinic closed <input type="checkbox"/> <u>Immediately</u> <input type="checkbox"/> <u>30 days</u> <input type="checkbox"/> 60 days <input type="checkbox"/> Other: _____	Abstinence from: (check all that apply) <input type="checkbox"/> Opiates <input type="checkbox"/> Cocaine <input type="checkbox"/> Amphetamines <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Other: _____	_____ _____ _____ _____
DOSE 2	<input type="checkbox"/> Clinic closed <input type="checkbox"/> <u>Immediately</u> <input type="checkbox"/> <u>30 days</u> <input type="checkbox"/> 60 days <input type="checkbox"/> Other: _____	Abstinence from: (check all that apply) <input type="checkbox"/> Opiates <input type="checkbox"/> Cocaine <input type="checkbox"/> Amphetamines <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Other: _____	_____ _____ _____ _____

DOSE 3	<input type="checkbox"/> 90 days <input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> Other: _____	Abstinence from: (check all that apply) <input type="checkbox"/> Opiates <input type="checkbox"/> Cocaine <input type="checkbox"/> Amphetamines <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Other: _____	_____ _____ _____ _____
DOSE 4	<input type="checkbox"/> 6 months <input type="checkbox"/> 9 months <input type="checkbox"/> 1 year <input type="checkbox"/> Other: _____	Abstinence from: (check all that apply) <input type="checkbox"/> Opiates <input type="checkbox"/> Cocaine <input type="checkbox"/> Amphetamines <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Other: _____	_____ _____ _____ _____
DOSE 5	<input type="checkbox"/> 9 months <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> Others: _____	Abstinence from: (check all that apply) <input type="checkbox"/> Opiates <input type="checkbox"/> Cocaine <input type="checkbox"/> Amphetamines <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Other: _____	_____ _____ _____ _____
DOSE 6	<input type="checkbox"/> 9 months <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> Others: _____	Abstinence from: <input type="checkbox"/> Marijuana or <input type="checkbox"/> Alcohol <input type="checkbox"/> 20 hours/week constructive activity <input type="checkbox"/> Goal defined by pt's treatment plan <input type="checkbox"/> Other: _____	_____ _____ _____ _____
13-DAY TAKE- HOME	<input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> Other: _____	Abstinence from: <input type="checkbox"/> Marijuana or <input type="checkbox"/> Alcohol <input type="checkbox"/> 20 hours/week constructive activity <input type="checkbox"/> Goal defined by pt's treatment plan <input type="checkbox"/> Other: _____	_____ _____ _____ _____
27-DAY TAKE- HOME	<input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/> Other: _____	Abstinence from: <input type="checkbox"/> Marijuana or <input type="checkbox"/> Alcohol <input type="checkbox"/> 20 hours/week constructive activity <input type="checkbox"/> Goal defined by pt's treatment plan <input type="checkbox"/> Other: _____	_____ _____ _____ _____

5. Please indicate on which day each take-home will be awarded.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Dose # _____	Dose # _____	Dose # _____	Dose # _____	Dose # _____	Dose # _____	Dose # _____

It is recommended to space take-homes evenly over the week as much as possible to limit the number of doses that a patient is carrying home at one time.

6. For each take-home dose, please specify under what conditions the dose can be revoked.

Dose:	Can be revoked for the following reason:
1	
2	
3	
4	
5	
6	
13	
27	

Sample Take-Home Earning Contract

This is a contract between (client) and (case manager) that specifies how take-home privileges can be earned.

A “drug-free urine” is defined as a urine sample free of opiates, cocaine, amphetamines, and benzodiazepines. All clients must submit a urine sample when requested. Urine samples will be requested *at least* once per week.

This clinic is open Monday through Saturday. All clients automatically receive one take-home dose for Sunday when they enroll in the clinic.

Clients are eligible for a second take-home day (Saturday) when they enroll in the clinic. The second take-home day will be earned after two consecutive drug-free urine samples are submitted.

Clients are eligible for a third take-home day (Thursday) when they have attended the clinic for three months. The third take-home day will be earned after at least four consecutive drug-free urines have been submitted.

Clients are eligible for a fourth take-home day (Tuesday) when they have attended the clinic for six months. The fourth take-home day will be earned after at least six consecutive drug-free urines have been submitted.

Clients are eligible for a fifth take-home day (Wednesday) when they have attended the clinic for nine months. The fifth take-home day will be earned after at least eight consecutive drug-free urines have been submitted.

Clients are eligible for a sixth take-home day (Friday) when they have attended the clinic for nine months. The sixth take-home day will be earned after at least ten consecutive drug-free urines have been submitted. To earn the sixth take-home day clients must also test negative for marijuana and document involvement in some structured activity (e.g., employment, school, volunteer work) at least 20 hours per week.

Clients are eligible to receive 13 take-home doses when they have attended the clinic for one year. A client is eligible to receive 13 take-home doses when they have been on a six take-home schedule for a minimum of three months with negative urine screens for all drugs including marijuana. Clients must also continue to document involvement in some structured activity at least 20 hours per week.

Clients are eligible to receive 27 take-home doses when they have attended the clinic for two years. A client is eligible to receive 27 take-home doses when they have been on a 13-day take-home schedule for a minimum of one year with negative urine screens for all drugs including marijuana. Clients must also continue to document involvement in some structured activity at least 20 hours per week.

Loss of Take-Home Privileges:**Two through Five Take-Homes:**

Any client submitting a positive urine for opiates, cocaine, amphetamines, or benzodiazepines, will immediately have her take-home privileges reduced by one. Additional positive urine tests will result in additional decreases in take-homes. Clients can regain one take-home for every two consecutive urine screens that are submitted.

Six Take-Homes:

Any client submitting a urine test positive for any illicit drug including marijuana will immediately have her take-home privileges reduced to five per week. To regain a six-day take-home schedule, she must submit two consecutive urine screens negative for all illicit substances including marijuana. In addition, any client who can no longer document a minimum of 20 hours per week of constructive activity (e.g., employment, school attendance, volunteer work), will have her take-home privileges reduced to five per week until she can again document achievement of this goal.

Thirteen Take-Homes:

Any client submitting a urine test positive for any illicit drug including marijuana will immediately have her take-home privileges reduced to six per week. To regain a 13 take-home schedule, she must submit three months of urine screens negative for all illicit substances including marijuana. In addition, any client who can no longer document a minimum of 20 hours per week of constructive activity will have her take-home privileges reduced to five per week until she can again document achievement of this goal.

Twenty-seven Take-Homes:

Any client submitting a urine test positive for any illicit drug including marijuana will immediately have her take-home privileges reduced to 13. To regain a 27 take-home schedule, she must submit six months of urine screens negative for all illicit substances including marijuana. In addition, any client who can no longer document a minimum of 20 hours per week of constructive activity will have her take-home privileges reduced to five per week until she can again document achievement of this goal.

I have read or have had read to me all of the above and agree to the terms of this contract.

Client's Signature

Date

Case Manager's Signature

Date

Sample (Table 1)
Methadone Take-Home Dose Requirements for Clinic 1

Number of Take-Home Doses	Time in Treatment	Requirements	To Regain Status
2 per week	N/A	2 consecutive negative urine screens *	2 consecutive negative urine screens *
3 per week	3 months	4 consecutive negative urine screens *	2 consecutive negative urine screens *
4 per week	6 months	6 consecutive negative urine screens *	2 consecutive negative urine screens *
5 per week	9 months	8 consecutive negative urine screens *	2 consecutive negative urine screens *
6 per week	9 months	1) 10 consecutive negative urine screens * 2) Most recent urine screen also negative for marijuana 3) 20 hours/week of documented constructive activity	1) 2 consecutive urine screens negative for all illicit substances including marijuana 2) 20 hours/week of documented constructive activity
13 per 2 weeks	1 year	1) Three months of negative urine screens for all drugs including marijuana. 2) 20 hours/week of documented constructive activity.	1) Three months of negative urine screens for all drugs including marijuana. 2) 20 hours/week of documented constructive activity.
27 per 4 weeks	2 years	1) One year of negative urine screens for all drugs including marijuana. 2) 20 hours/week of documented constructive activity.	1) Six months of negative urine screens for all drugs including marijuana. 2) 20 hours/week of documented constructive activity.

* Urine screen negative for heroin, cocaine, benzodiazepines, and amphetamines.

[illegible]

